

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		12	7/16
<b>FORMALITY REVIEW</b>	met	571	08/20/01
<b>RESPONSE FORMALITY REVIEW</b>	7/18	1127	11/01/01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	✓		
2	✓		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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JC 86  
08.20.01  
R-1-01